

PRINTED: 04/03/2014
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2014
NAME OF PROVIDER OR SUPPLIER GREYSTONE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 181 DUNLAP ROAD BLOUNTVILLE, TN 37617		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to have negative or positive air flow in clean and dirty areas.</p> <p>The findings include:</p> <p>Observation on April 1, 2014 between 9:40 a.m. and 2:10 p.m. revealed the following areas did not have the appropriate air flow in the following areas:</p> <ol style="list-style-type: none"> 1. Clean linen storage in the administrator's hall was not provided with a positive air pressure. 2. Janitor's storage closet across from room 312 is not provided with a negative air pressure. 3. Second floor janitor's closet is not provided with a negative air pressure. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on April 1, 2014.</p>	N 848	<p>N848</p> <p>The facility maintenance director installed fresh air supply to the clean linen closet on the first floor April 22, 2014. The facility maintenance director has a vendor bld to install exhaust to provide negative air pressure in the janitors closet on the 2nd floor and the</p> <p>3rd floor. The scope of the work is to be completed by May 16, 2014.</p> <p>All closets have been reviewed by our maintenance director to assess each space for positive and negative air pressure as required. No additional closets have been identified that require positive or negative air pressure vents as of April 21, 2014.</p> <p>All closets used for clean and dirty areas will be reviewed monthly on building safety rounds conducted by our plant operations manager or designee. The results of the rounds will be submitted to the center safety committee for review beginning April 2014</p> <p>All safety reports and inspections from facility rounds submitted to the safety committee for review will be forwarded to the Center Quality Assurance committee for recommendations monthly beginning in April 2014.</p>	5/17/2014

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Keith Marshall

TITLE

Alvin E. L...

(X8) DATE

4/25/14

STATE FORM

6500

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If continuation sheet 1 of 1